

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



### General Physical Examination

Date of Examination: 12/2/23

Name: Manoj Kumar Jangid Age: \_\_\_\_\_ DOB: 10/01/1961 Sex: Male

Referred By: BoB

Photo ID: Aadhar ID #: Attached

Ht: 170 (cm) Wt: 66 (Kg)

Chest (Expiration): 94 (cm) Abdomen Circumference: 85 (cm)

Blood Pressure: 129/91 mm Hg PR: 76 / min RR: 18 / min Temp: Afebrile

BMI 23.5

Eye Examination: Dis vision 6/6 with space ;  
Near vision N/G , No color blindness

Other: Not Significant

On examination he/she appears physically and mentally fit :  Yes / No

Signature Of Examinee : \_\_\_\_\_ Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : \_\_\_\_\_ Name Medical Examiner: \_\_\_\_\_

*Dr. Piyush Goyal*  
M.B.B.S., D.M.R.D  
RMC Reg No -017996



भारतीय विशिष्ट पहचान प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रमांक/ Enrolment No.: XXXX/XXXX/XXXX

To  
मनोज कुमार जांगिड  
Manoj Kumar Jangid  
S/O Ram Gopal Jangid  
BHASINGHPURA  
VIA.-JOBNER TEH. -PHULERA  
BHASINGHPURA  
Bhasinghpura  
Jaipur Rajasthan-303328

Download Date: 02/10/2019

Generation Date: 23/01/2012

Signature Not Verified  
Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA 54  
Date: 2019.10.02 22:54:45  
IST



आपका आधार क्रमांक / Your Aadhaar No. :

**XXXX XXXX 4875**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



मनोज कुमार जांगिड  
Manoj Kumar Jangid  
जन्म तिथि/DOB: 14/01/1981  
पुरुष/ MALE

**XXXX XXXX 4875**

मेरा आधार, मेरी पहचान



- सूचना
- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
  - पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
  - यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address:

S/O Ram Gopal Jangid,  
BHASINGHPURA, VIA.-JOBNER  
TEH. -PHULERA, BHASINGHPURA,  
Bhasinghpura, Jaipur,  
Rajasthan, 303328

पता:

S/O राम गोपाल जांगिड, भासिंहपुरा, वाया.-  
जोबनेर तह.-फुलेरा, भासिंहपुरा, भासिंहपुरा,  
जयपुर,  
राजस्थान, 303328

**XXXX XXXX 4875**



*Handwritten signature*

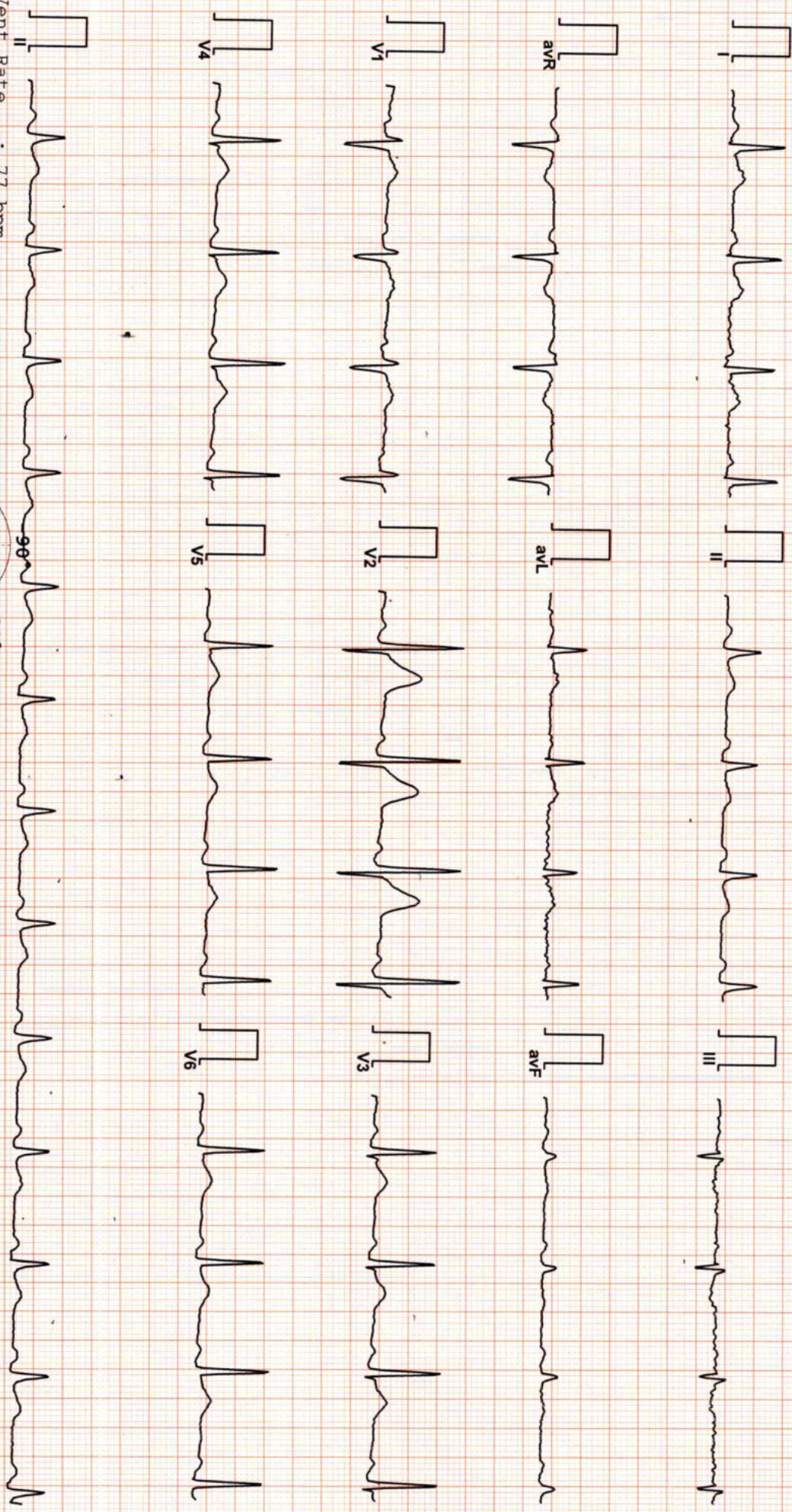
Dr Piyush Goyal  
M.B.B.S., D.M.R.D  
RMC Reg No -017996



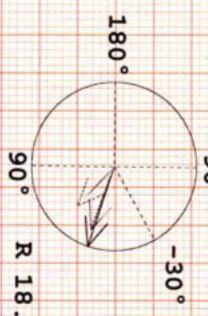
**DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR**

**ECG**

3681 / MR MANOJ KUMAR JANGID / 42 Yrs / M / Non Smoker  
Heart Rate : 77 bpm / Tested On : 12-Feb-23 09:25:43 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Reid By.: BOB



Vent Rate : 77 bpm  
PR Interval : 156 ms  
QRS Duration: 80 ms  
QT/QTc Int : 360/390 ms  
P-QRS-T axis: 43.00° 18.00° 20.00°



RHO

Allengers ECG (Piscas)\(PIS218210312)

Dr. Naresh Kumar (SCOPAK)  
Reported By: NEM (RCGPAJIO)



\*\*\* End of Report \*\*\*

(Please correlate clinically and with relevant further investigations)

**Impression :- Normal Study**

Heart shadows appear normal.

Bony cage and soft tissue shadows are normal.

Both the domes of diaphragm are normally placed.

Both the C.P angles is clear.

Both the hilar shadows are normal.

Trachea is in midline.

Bronchovascular markings appear normal.

Both lung fields appears clear.

**X RAY CHEST PA VIEW:**

BOB PACKAGE ABOVE 40MALE

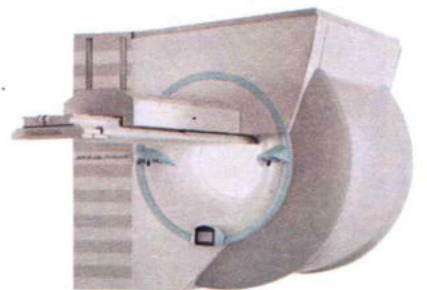
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Date :- 12/02/2023 09:01:16	NAME :- Mr. MANOJ KUMAR JANGID	Sex / Age :- Male 42 Yrs 1 Mon 2 Days	Company :- MedivWheel
Patient ID :- 122229520	Ref. By Doctor:-BOB	Lab/Hosp :-	



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**Dr. Goyal's**  
Path Lab & Imaging Centre





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**NAME :- Mr. MANOJ KUMAR JANGID**  
Sex / Age :- Male 42 Yrs 1 Mon 2 Days  
Company :- MediWheel

Patient ID :- 122229520  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 12/02/2023 10:11:11

BOB PACKAGE ABOVE 40MALE

### USG WHOLE ABDOMEN

**Liver is enlarged in size (~16.2 cm). Echo-texture is bright** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. **Echogenic focus measuring approx. 12.5 mm with distal acoustic shadowing seen in the GB lumen.** Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is partially filled.

**Prostate** is normal in size with normal echo-texture and outline.

**A well-defined anechoic cyst measuring approx. 10x7.2 mm seen in prostatic parenchyma in midline.**

No enlarged nodes are visualised. No retro-peritoneal lesion is identified  
No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

\*Hepatomegaly with grade I fatty changes.

\*Cholelithiasis.

\*Prostatic parenchymal cyst.

*Needs clinical correlation for further evaluation*

\*\*\* End of Report \*\*\*

AHSAN

Page No: 1 of 1

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

Dr. Poonam Gupta  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

Dr. Ashish Choudhary  
MBBS, MD (Radio Diagnosis)  
Fetal Medicine Consultant  
FMF ID - 260517 | RMC No 22430

Dr. Abbishek Jain  
MBBS, DNB, (Radio-Diagnosis)  
RMC No. 21687

Transcript by.



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Sex / Age :- Male 42 Yrs 1 Mon 2 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 12/02/2023 12:47:26

BOB PACKAGE ABOVE 40MALE  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

#### \_FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

#### M.MODE EXAMINATION:

AO	32	mm	LA	28	Mm	IVS-D	7	mm
IVS-S	16	mm	LVID	44	Mm	LVSD	29	mm
LVPW-D	9	mm	LVPW-S	19	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	61%		RWMA			ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

#### COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.88	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.71	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		
AORTIC VALVE					
PEAK VELOCITY	1.6	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		
TRICUSPID VALVE					
PEAK VELOCITY	0.56	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		
PULMONARY VALVE					
PEAK VELOCITY		M/sec.	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

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Lab/Hosp :-

Final Authentication : 12/02/2023 12:47:26

### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 61 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

\*\*\* End of Report \*\*\*



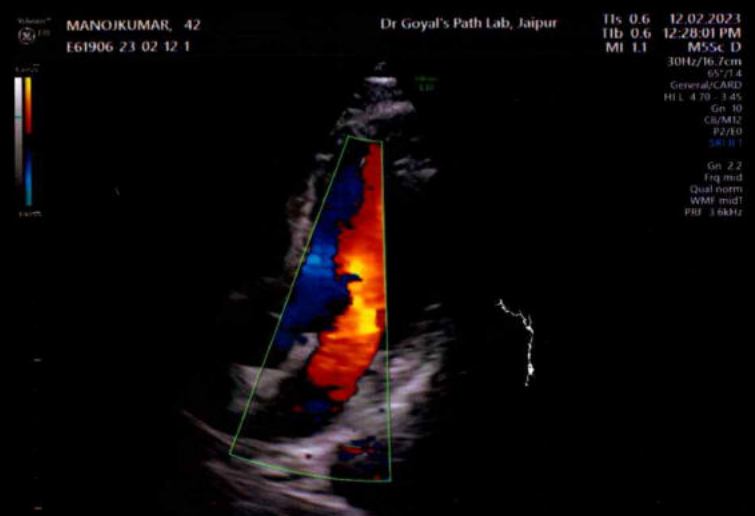
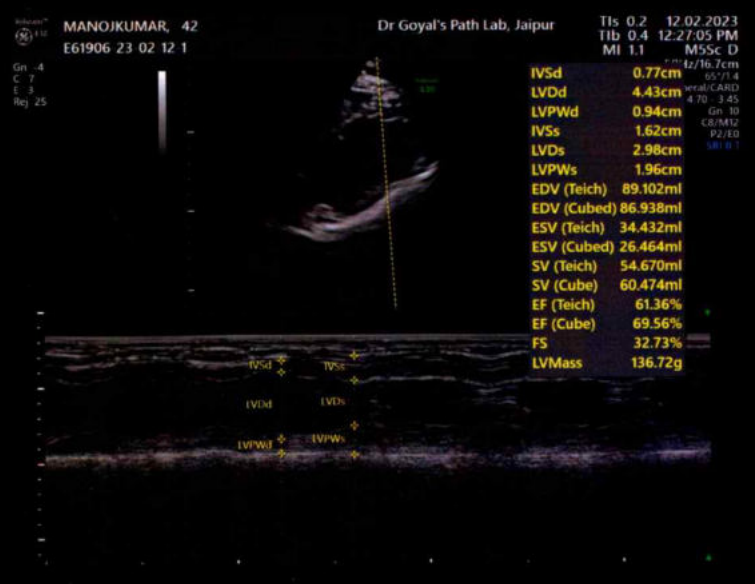
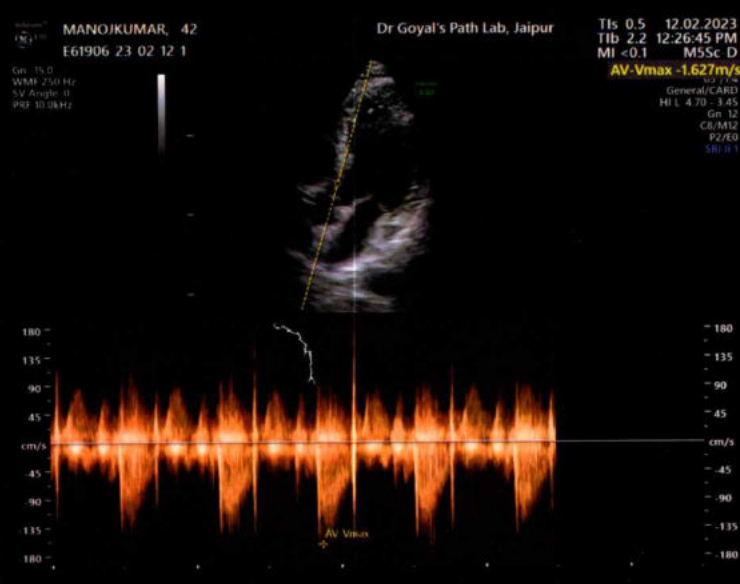
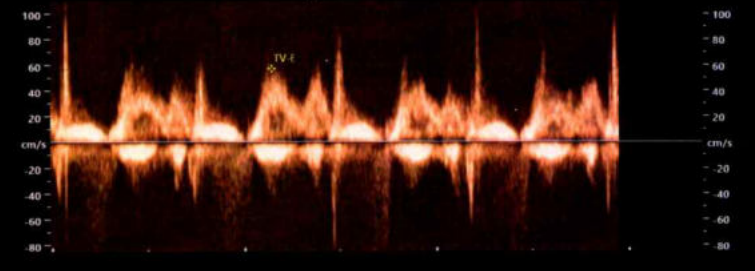
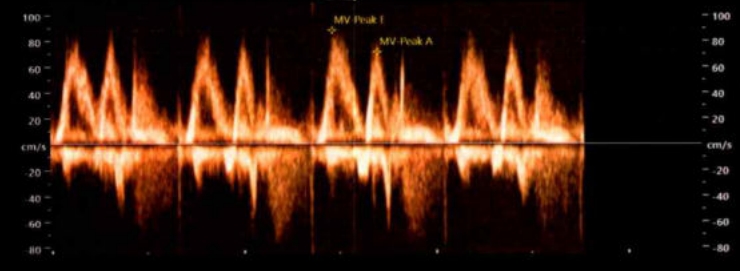
# Dr Goyal's Path Lab, Jaipur

Name : MANOJKUMAR / M

12 Feb 2023







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Sex / Age :- Male 42 Yrs 1 Mon 2 Days

Company :- MediWheel

Patient ID :-122229520

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:50:32

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE ABOVE 40MALE			
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	14.5	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.08	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	57.0	%	40.0 - 80.0
LYMPHOCYTE	35.1	%	20.0 - 40.0
EOSINOPHIL	4.8	%	1.0 - 6.0
MONOCYTE	2.7	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	3.47	$10^3/uL$	1.50 - 7.00
LYMPH#	2.14	$10^3/uL$	1.00 - 3.70
EO#	0.29	$10^3/uL$	0.00 - 0.40
MONO#	0.16	$10^3/uL$	0.00 - 0.70
BASO#	0.02	$10^3/uL$	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.93	$x10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	41.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	84.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.2	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	283	$x10^3/uL$	150 - 410
RDW-CV	13.3	%	11.6 - 14.0
MENTZER INDEX	17.08		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

MUKESH SINGH  
Technologist

Page No: 1 of 12



Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037



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**NAME :- Mr. MANOJ KUMAR JANGID**

Sex / Age :- Male 42 Yrs 1 Mon 2 Days

Company :- MediWheel

Patient ID :- 122229520

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:50:32

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	12	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC) Methodology: TLC, DLC, Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

MUKESH SINGH  
Technologist

Page No: 2 of 12



**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037





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NAME :- Mr. MANOJ KUMAR JANGID

Sex / Age :- Male 42 Yrs 1 Mon 2 Days

Company :- MediWheel

Patient ID :- 122229520

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:29:06

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

#### STOOL ANALYSIS

#### PHYSICAL EXAMINATION

MUCUS

BLOOD

#### MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA  
Technologist

Page No: 4 of 12



**Dr. Rashmi Bakshi**  
MBBS. MD ( Path )  
RMC No. 17975/008828

# Dr. Goyal's

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 Sex / Age :- Male 42 Yrs 1 Mon 2 Days  
 Company :- MediWheel

Patient ID :- 122229520  
 Ref. By Dr:- BOB  
 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:34:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	149.61	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	125.48	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	35.90	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	92.80	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	25.10	mg/dl	0.00 - 80.00
T. CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.17		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.58		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	482.54	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

SURENDRAKHANGA

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 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 12/02/2023 09:05:09 Final Authentication : 12/02/2023 11:34:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.82	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1 month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.26	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.56	mg/dl	0.30-0.70
SGOT Method:- IFCC	23.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>48.9</b> H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	60.40	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	44.10	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.51	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.53	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	<b>1.98</b> L	gm/dl	2.20 - 3.50
A/G RATIO	2.29		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 12/02/2023 09:01:16

Patient ID :-122229520

**NAME :- Mr. MANOJ KUMAR JANGID**

Ref. By Dr:- BOB

Sex / Age :- Male 42 Yrs 1 Mon 2 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:34:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.05	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	3.40	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:34:19

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.4	mg/dl	0.0 - 23.0

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Patient ID :- 122229520

NAME :- Mr. MANOJ KUMAR JANGID

Ref. By Dr:- BOB

Sex / Age :- Male 42 Yrs 1 Mon 2 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- EDTA

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:50:32

### HAEMATOTOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

GLYCOSYLATED HEMOGLOBIN (HbA1C)  
Method:- HPLC

8.2 H %

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

189 H mg/dL

Non Diabetic < 100 mg/dL  
Prediabetic 100- 125 mg/dL  
Diabetic 126 mg/dL or Higher

Method:- Calculated Parameter

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**NAME :- Mr. MANOJ KUMAR JANGID** Ref. By Dr:- BOB  
 Sex / Age :- Male 42 Yrs 1 Mon 2 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- URINE

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 11:29:06

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.015		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitropruside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
RBC	NIL		NIL
Method:- Reagent Strip (Peroxidase like activity)			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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Sex / Age :- Male 42 Yrs 1 Mon 2 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 10:55:57

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.290	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.513	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.240	μIU/mL	0.550 - 4.780

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Sample Collected Time 12/02/2023 09:05:09

Final Authentication : 12/02/2023 10:55:57

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	0.300	ng/ml	0.000 - 4.000

**InstrumentName:** ADVIA CENTAUR CP **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

\*\*\* End of Report \*\*\*

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